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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For O	ther Than A	n Authoriz	ed Commi	ttee		Office Use O	nly
1. NAME O	F TEE (in full)		EC MAILING LA		Example:If typio over the lines	ng, type			
Delta Der	ntal Plans Associatio	on PAC	1 1 1 1					1 1 1 1	
ADDRESS (nu	umber and street)	151	5 W 22nd Street	Suite 450			1 1 1 1		
Che	ck if different	L							
	previously orted. (ACC)	Oak	k Brook					6052	3
2. FEC IDE	NTIFICATION NUM	IBER	v	CITY 🛕			STATE	ZIP	CODE A
Cod	0213819			3. IS THIS REPOR		NEW (N) OR		AMENDED (A)	
4. TYPE O (Choose	OF REPORT One)	(b)) Monthly Report	Feb 20 (M	12)	May 20 (M5)	A	ug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Qua	rterly Reports:		Due On:	Mar 20 (M	13)	Jun 20 (M6)	S	ep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
х	April 15			Apr 20 (M	4)	Jul 20 (M7)	0	ct 20 (M10)	Jan 31 (YE)
	Quarterly Report(Q	1)	(c) 12-Day		Primary (1	2P)	Genera	al (12G)	Runoff (12R)
Щ	July 15 Quarterly Report(Q	2)	PRE-Elect Report for		Convention	n (12C)	Specia	(12G)	_
	October 15 Quarterly Report(Q	3)				, ,			
	January 31 Quarterly Report(Y	E)		Election on					the ate of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	n	(d) 30-Day Post -Ele Report for		General (3	0G)	Runoff	(30R)	Special (30S)
	Termination Report (TER)	t	T toport To	Election on			• • •		the ate of
5. Covering	Period 0 1		01 20	0 9	through	03	3 1	2009	
Certify that I h	nave examined this F	•		my knowledg	e and belief it	is true, correct	and complet	е.	
Type or Print N	Name of Treasurer	Be	en Yomtoob						
Signature of T	reasurer Electron	nically F	Filed by Ben Yo	omtoob		D	Date 0	4 07	2010
NOTE : Subm	ission of false, error	neous, c	or incomplete info	ormation may	subject the pe	rson signing thi	s Report to t	he penalties of 2	2 U.S.C 437g.
Offi Us								FEC FO	ORM 3X 2/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/13

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name Delta Dental Plans Association PAC

D " D 0 1 0 1 2009 0.3 31 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 203715.83 January 1 (b) Cash on Hand at 203715.83 Begining of Reporting Period 118.96 118.96 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 203834.79 203834.79 6(a) and 6(c) for Column B) 32931.00 32931.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 170903.79 170903.79 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 2000.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 13

Write or Type Committee Name

Delta Dental Plans Association PAC

Report Covering the Period:

From: 0 1

D D D

2009

o: 03

D D 31

^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
(such as PACs)		
Transfers From Affiliated/Other Party Committees		
3. All Loans Received		
Loan Repayments Received Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made to Federal candidates and Other Political Committees		
7. Other Federal Receipts (Dividends, Interest, etc.)	118.96	118.96
3. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		<u></u>
(c) Total Transfer (add 18(a) and 18(b)).		L
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	118.96	118.96
Total Federal Receipts (subtract Line 18(c) from Line 19)	118.96	118.96

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 13

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
(a) Sh	ng Expenditures: nared Federal/Non-Federal stivity (from Schedule H4) Federal Share					
(ii)						
` '	her Federal Operating penditures	1431.00	1431.00			
	otal Operating Expenditures					
(ad	dd 21(a)(i), (a)(ii) and (b))	1431.00	1431.00			
	ers to Affiliated/Other Party					
23. Contrib Federal and Oth	utions to Candidates/Committeeser Political Committees	29000.00	29000.00			
(use Sc 25. Coordir	chedule E)					
(use SC	modulo i)					
26. Loan R	epayments Made					
28. Refund (a) Ind	Mades of Contributions To: dividuals/Persons Other an Political Committees					
(b) Po	litical Party Committees					
(c) Ot	her Political Committees					
,	uch as PACs)					
. ,	tal Contribution Refunds		0 0 0 0 0 0 0			
(ac	dd Lines 28(a), (b), and (c))					
9. Other D	Disbursements	2500.00	2500.00			
(a) Sh (fro	Election Activity (2 U.S.C 431(20)) ared Federal Election Activity m Schedule H6) Federal Share					
(1)	Todardi Oridio					
(ii)	"Levin" Share					
` '	deral Election Activity Paid Entirely th Federal Funds					
	tal Federal Election Activity (add ines 30(a)(i), 30(a)(ii) and 30(b))					
	Disbursements (add Lines 21(c), 22,	62221.22	2022/			
23, 24	, 25, 26, 27, 28(d), 29 and 30(c))	32931.00	32931.00			
32. Total	Federal Disbursements					
	act Line 21(a)(ii) and Line 30(a)(ii)					
	ine 31)	32931.00	32931.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 13

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)		
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1431.00	1431.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1431.00	1431.00

FE6AN026

ITE				e sepa	rate schedule(s)		OR LINE	-			AGE 6	
	EMIZED DIS	SBURSEMEN	TS for	each c	category of the Summary Page		check onl 21b 27	y one) 22 28a	X 23 28b	24 28c	25	
Any	Information copie	ed from such Reports	and Statements r	may no	ot be sold or used	d by an						
	· · · · · · · · · · · · · · · · · · ·	poses, other than usir	ng the name and	addres	ss of any political	comm	ittee to so	licit contri	butions fro	om such	committe	ee
١.	NAME OF COMN Delta Dental Pl	AITTEE (In Full) ans Association P	AC									
	Full Name (Last, I Levin For Conç	First, Middle Initial) gress							action ID: f Disburse		-EX402	2
	Mailing Address	209 Pennsylvar	nia Ave SE					0 3	/ D 1	7 /	žo	ŏ9 Ť
	City Washington		State DC		Zip Code 20003			Amou	nt of Each	Disburse		-
	Purpose of Disbu primary Candidate Name	rsement				-	11				2500	.00
	Sandy Levin						egory/ /pe					
	Office Sought:	X House Senate President	Disbursement X Prim Othe	ary	2010 General			prima	ту			
	State: MI	District: 12										
	Full Name (Last, I Feingold Senat	First, Middle Initial) te Committee						Date o	f Disburse	ement		
	Mailing Address	PO Box 620062	2					0 2	/ D2	6 /	20	ŏ 9 [×]
	City Middleton		State WI		Zip Code 53562			Amou	nt of Each	Disburse		
	Middleton Purpose of Disbu Primary 2009	rsement					11	Amou	nt of Each	Disburse	ement th	
	Middleton Purpose of Disbu					Cate	egory/	Amou	nt of Each	Disburse		
	Middleton Purpose of Disbu Primary 2009 Candidate Name Russell Feingo Office Sought:	House X Senate President	Disbursement X Prim	ary		Cate			nt of Each	Disburse		
	Middleton Purpose of Disbu Primary 2009 Candidate Name Russell Feingo Office Sought: State: WI Full Name (Last, I	House X Senate President District: First, Middle Initial)	Disbursement X Prim Othe	ary	2010 General	Cate	egory/	Prima	ry 2009 action ID:	SB23	2500	.00
	Middleton Purpose of Disbu Primary 2009 Candidate Name Russell Feingo Office Sought: State: WI Full Name (Last, I	House X Senate President District:	Disbursement X Prim Othe	ary	2010 General	Cate	egory/	Prima	ry 2009 action ID:	SB23	2500 EX394	.00
	Middleton Purpose of Disbu Primary 2009 Candidate Name Russell Feingo Office Sought: State: WI Full Name (Last, I Pete Stark Re- Mailing Address City	House X Senate President District: First, Middle Initial) Election Committe	Disbursement X Prim Othe	ary	2010 General cify) Zip Code	Cate	egory/	Prima Trans	ry 2009 action ID:	SB23	2500 EX394	.00 1 0 9
	Middleton Purpose of Disbu Primary 2009 Candidate Name Russell Feingo Office Sought: State: WI Full Name (Last, I Pete Stark Re- Mailing Address City Washington Purpose of Disbu	House X Senate President District: First, Middle Initial) Election Committe PO Box 75214	Disbursement X Prim Othe	ary	2010 General cify) ▼	Cate	egory/ /pe	Prima Trans	ry 2009 action ID: f Disburse	SB23	2500 EX394	14 Y 0 9 9 is Per
	Middleton Purpose of Disbu Primary 2009 Candidate Name Russell Feingo Office Sought: State: WI Full Name (Last, I Pete Stark Re- Mailing Address City Washington	House X Senate President District: First, Middle Initial) Election Committe PO Box 75214	Disbursement X Prim Othe	ary	2010 General cify) Zip Code	Cate Ty	egory/	Prima Trans	ry 2009 action ID: f Disburse	SB23	2500. EX394 (14 Y 0 9 9 is Per
	Middleton Purpose of Disbu Primary 2009 Candidate Name Russell Feingo Office Sought: State: WI Full Name (Last, I Pete Stark Re- Mailing Address City Washington Purpose of Disbu Primary 2009 Candidate Name	House X Senate President District: First, Middle Initial) Election Committe PO Box 75214	Disbursement X Prim Othe State DC Disbursement X Prim	For:	2010 General cify) Zip Code	Cate Ty	egory/ /pe	Prima Trans Date of the prima Amount	ry 2009 action ID: f Disburse	SB23	2500. EX394 (14 Y 0 9 9 is Per

IT	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	_	NUMBER: PAGE 7/13
••	EMIZED DISBURSEMENTS	for each	category of the Summary Page	21b	22 X 23 24 25
_				27	28a 28b 28c 29
	y Information copied from such Reports and S for commercial purposes, other than using the				
$\overline{}$	NAME OF COMMITTEE (In Full)				
	Delta Dental Plans Association PAC				
	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS				Transaction ID: SB23-EX393 Date of Disbursement
	Mailing Address 700 12th Street NW	Suite 700			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Washington	State DC	Zip Code 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement Primary 2009			011	2000.00
	Candidate Name Michael J. Rogers			Category/ Type	
	Senate	bursement For: X Primary	2010 General		Primary 2009
	State: MI President District: 08	Other (spe	ecity)		
	Full Name (Last, First, Middle Initial) Lucille Roybal-Allard For Congress				Transaction ID: SB23-EX398 Date of Disbursement
	Mailing Address PO Box 582				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O \\ Y & 2 & O & O & 9 \end{smallmatrix} $
	City Kensington	State MD	Zip Code 20895		Amount of Each Disbursement this Perio
	Purpose of Disbursement Primary 2009			011	1000.00
	Candidate Name Lucille Roybal-Allard			Category/ Type	
	Office Sought: X House Dis	bursement For:	2010 General		Primary 2009
	Senate President	X Primary Other (spe			
	Senate President State: CA District: 34				Transaction ID: SP22 EV207
	Senate President				Transaction ID: SB23-EX397 Date of Disbursement
	Senate President State: CA District: 34 Full Name (Last, First, Middle Initial)	Other (spe			
	Senate President State: CA District: 34 Full Name (Last, First, Middle Initial) People for Patty Murray	Other (spe			Date of Disbursement O 2 D Y Y Y Y O Y O Y Amount of Each Disbursement this Perio
	Senate President President State: CA District: 34 Full Name (Last, First, Middle Initial) People for Patty Murray Mailing Address 122 Maryland Avenu City Washington Purpose of Disbursement Primary 2009	Other (spe	ecify) ▼ Zip Code	011	Date of Disbursement O 2 D / Y Y Y O O 9
	Senate President State: CA District: 34 Full Name (Last, First, Middle Initial) People for Patty Murray Mailing Address 122 Maryland Avenu City Washington Purpose of Disbursement	Other (spe	ecify) ▼ Zip Code	011 Category/ Type	Date of Disbursement O 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Senate President State: CA District: 34 Full Name (Last, First, Middle Initial) People for Patty Murray Mailing Address 122 Maryland Avenu City Washington Purpose of Disbursement Primary 2009 Candidate Name Patty Murray Office Sought: House X Senate President	Other (spe	Zip Code 20002	Category/	Date of Disbursement O 2 D Y Y Y Y O Y O Y Amount of Each Disbursement this Perio
	Senate President State: CA District: 34 Full Name (Last, First, Middle Initial) People for Patty Murray Mailing Address 122 Maryland Avenu City Washington Purpose of Disbursement Primary 2009 Candidate Name Patty Murray Office Sought: House X Senate	Other (specific property) State DC bursement For: X Primary	Zip Code 20002	Category/	Date of Disbursement M M M

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s		IE NUMBER: PAGE 8 / 13 nly one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29			
Any Information copied from such Reports and Sta or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full) Delta Dental Plans Association PAC	a a.u aa					
Full Name (Last, First, Middle Initial) Hoyer For Congress			Transaction ID: SB23-EX388 Date of Disbursement			
Mailing Address 4201 Northview Drive	Suite 307		01			
City Bowie	State Zip Code MD 20716		Amount of Each Disbursement this Perio			
Purpose of Disbursement Primary 2009		011	2500.00			
Candidate Name Steny Hoyer Office Sought: X House Disb	ursement For: 2010	Category/ Type				
Senate President	X Primary General Other (specify) ▼		Primary 2009			
State: MD District: 05 Full Name (Last, First, Middle Initial) DAKPAC			Transaction ID: SB23-EX401 Date of Disbursement			
Mailing Address 426 C Street NE			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio			
Purpose of Disbursement Primary Candidate Name		011	2500.00			
Kent Conrad		Category/ Type				
X Senate President	rrsement For: 2010 X Primary General Other (specify) ▼		Primary			
State: ND District: Full Name (Last, First, Middle Initial) Senate Majority Fund			Transaction ID: SB23-EX396 Date of Disbursement			
Mailing Address 507 Capitol Court NE Suite 100			02 7 26 7 2009			
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period			
Purpose of Disbursement Primary 2009		011	2500.00			
Candidate Name Senate Majority Fund		Category/ Type				
Senate President	ursement For: 2010 X Primary General Other (specify) ▼		Primary 2009			
State: District:						
SUBTOTAL of Disbursements This Page (option	-1)		7500.00			

	CHEDULE B (FEC FOIII 3X)	Use separate schedule	s)			E NUMBER: PAGE 9 / 13 nly one)					
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X 23 28b		8c	25 29	
	y Information copied from such Reports and Sta or commercial purposes, other than using the n										
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Delta Dental Plans Association PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
<u>′</u>	Full Name (Last, First, Middle Initial) Friends For Harry Reid							D: SB	23-EX	389	
	Mailing Address 426 C. Street NE Rea	Building				0 ^M 1	M / [20	YZ	0 0 9	Υ
	City Washington	State Zip Code DC 20002				Amou	nt of Ead	ch Disbu	irsemer	nt this P	erio
	Purpose of Disbursement Primary 2009			011		L.			20	00.00	-
	Candidate Name Harry Reid		С	atego Type	-						
	X Senate President	rsement For: 2010 X Primary General Other (specify) ▼	I			Prima	ry 2009	9			
	State: NV District: Full Name (Last, First, Middle Initial)					Trans	action I	D: SB	23-EX	387	
	Grassley Committee Inc.					Date o		rsement		0 0 9	Υ
	Mailing Address PO Box 1000					U i		20		.009	_
	City Des Moines	State Zip Code IA 50304				Amou	nt of Ead	ch Disbu	irsemer	nt this P	erio
	Purpose of Disbursement Primary 2009			011					20	00.00	-
	Candidate Name Charles Grassley			atego Type	-						
	Office Sought: House Disbunct X Senate President State: IA District:	x Primary General Other (specify)	l			Prima	ry 2009	9			
	Full Name (Last, First, Middle Initial) Friends Of Chuck Schumer							D: SB	23-EX	390	
	Mailing Address c/o Tonya Fulkerson 426 C Street NE					0 ^M 2	M / [06	YZ	009	Υ
	City Washington	State Zip Code DC 20002				Amou	nt of Ea	ch Disbu			erio
	Purpose of Disbursement Primary 2009			011					25	00.00	-
	Candidate Name Chuck Schumer		0	atego Type							
	Office Sought: House Disbu X Senate President State: NY District:	rsement For: 2010 X Primary General Other (specify) ▼	ı I			Prima	ry 2009	9			
_	JBTOTAL of Disbursements This Page (option	-0					•		65	00.00	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		Bb 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Delta Dental Plans Association PAC			
Full Name (Last, First, Middle Initial) Becerra For Congress Mailing Address PO Box 116		Transaction Date of Disb	D: SB23-EX391 sursement
City Hyattsville Purpose of Disbursement PRIMARY 2009	State Zip Code MD 20781	Amount of E	ach Disbursement this Period 2000.00
Candidate Name Xavier Becerra		Category/ Type	
3 1	ement For: 2010 Primary General Other (specify)	PRIMARY 2	2009

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<u> </u>	29000.00

В.

President

District:

19e# 10930474004								
SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check onl	INE NUMBER: PAGE 11 / 13 only one)					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 2	24 25 26 28c 29 30b				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) Delta Dental Plans Association PAC								
Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 50 South La Salle Street			Transaction ID: SE Date of Disbursement					
City Chicago	State Zip Code IL 60675		Amount of Each Disb					
Purpose of Disbursement Federal Taxes Candidate Name		001 Category/ Type		1178.00				
Office Sought: House Disburs Senate President State: District:	ement For: 2010 Primary X General Other (specify)		Federal Taxes					
Full Name (Last, First, Middle Initial) Illinois Department of Revenue			Transaction ID: SE					
Mailing Address P.O. Box 19008			03 16	2009				
City Springfield	State Zip Code IL 62794	_	Amount of Each Disbo					
Purpose of Disbursement State Tax		001		253.00				
Candidate Name		Category/ Type						
Office Sought: House Disburs Senate	ement For: 2010 Primary X General		State Tax					

SUBTOTAL of Disbursements This Page (optional)	•	1431.00
TOTAL This Period (last page this line number only)	•	1431.00

Other (specify)

State:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statemor for commercial purposes, other than using the name	for each category of the Detailed Summary Page (check on 21b 27) ents may not be sold or used by any person to 25 check on 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Delta Dental Plans Association PAC	and address of any pointed committee to se	sicil contributions from such committee
Full Name (Last, First, Middle Initial) John Lewis For Congress Mailing Address PO Box 636		Transaction ID: SB21b-EX392 Date of Disbursement O 2 O 0 6 O 0 9
,	State Zip Code VA 22003 011 Category/ Type	Amount of Each Disbursement this Period 2500.00
Office Sought: Senate President State: Disburser X Disburser	ment For: 2010 Primary General Other (specify) ▼	PRIMARY 2009

SUBTOTAL of Disbursements This Page (optional)		2500.00
TOTAL This Period (last page this line number only)	—	2500.00

PAGE 13 / 13 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Delta Dental Plans Association PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Invoice: Primary 2009 Political Contribu Xavier Becerra U.S. HOUSE 30th CA Mailing Address P.O. Box 261060 ZIP Code City State Los Angeles 90026 CA Outstanding Balance Beginning This Period Transaction ID: SD10-INV381 .00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2000.00 2000.00 .00 2000.00 1) SUBTOTALS This Period This Page (optional)..... 2000.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

2000.00